MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECO ESTON STREET, BALTIMORE 1, MARYLAND Items 1. PLACE OF DEATE USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RUBAL and give neglest town) c. LENGTH OF STAY IN 16 of CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO T 3. NAME OF 4. DATE Day Month Year DECEASED OF (Type or print) DEATH 19 4 6. COLOR OR RACE 7. MARRIED 5. SEX DATE ON BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working fife, eyen if retired) 106. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? A. BIRTHPLACE MOTHER'S MAIDEN NAM WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkgwn) | (If yes give wer or dates of service) 18. CAUSE OF DEATH lEnter only one cause per line for lev. INTERVAL BETWEEN (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from _to190 ., and that death occured at the causes and on the date stated above. saw the deceased alive on 220. SIGNATURE 22b. DATE STAFF SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. ADDRESS PHYSICIAN'S 22d. NAME (Type) 23a. BURAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 1-7-67 REMOVAL (Specify) Dunkirk Coopers C.C. Cal. Md. 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mes DATE

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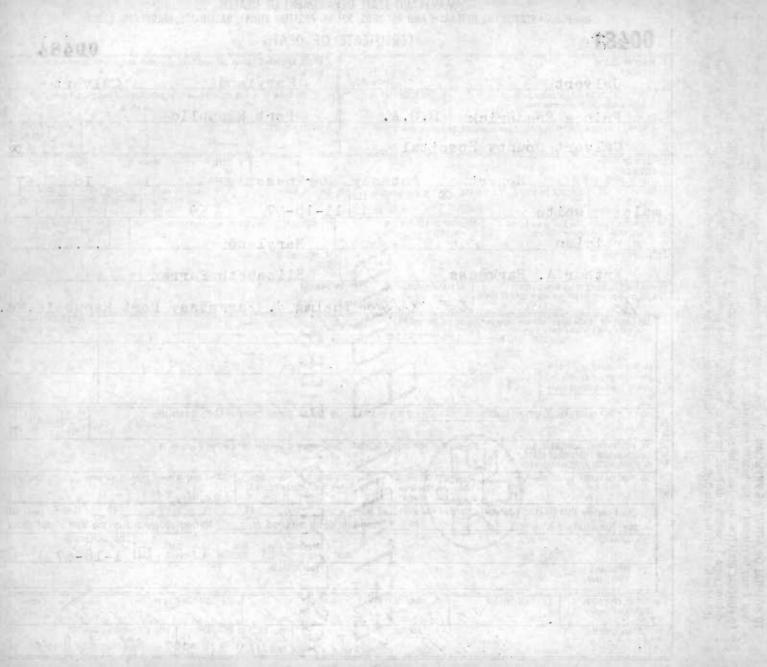
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00481 CERTIFICATE OF DEATH ter death. by the funeral Pages ond ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Calvert MARYLAND Maryland 24 hours after c. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TDWN (If autside carparate limits, c LENGTH OF STAY IN 16 and in any event, within 72 hours a write RURAL and give nearest tawn) Port Republic D.O.A. Prince Frederick D.O.A
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) the attending physician and completely filled in b sit permit. Then please terrove corban papers. e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Calvert County Hospital YES | NO T : The law requires that the death certificate be executed within 3. NAME OF 4. DATE Manth Day Year DECEASED Harkness DEATH (Type ar print) Robert Anthony S SEX 8. DATE OF BIRTH AGE (In years 6. CDLOR OR RACE NEVER MARRIED last birthday) Manths Haurs 11-18-07 WIDOWED DIVORCED male white 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
mortician -- INDUSTRY COUNTRY? II.S.A Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removal. Arthur A. Harkness Elizabeth Parran 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service) Thelma W. Harkness. Port Republic . Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Poge 4 moy be retoined by the hospital or attending physician. DUE TD Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) Hour a.m. at wark 21. I certify that (1) (this haspital) attended the deceased fram. that (1) (we) last and that death accurred at Mafram causes and an the date stated above. saw the deceased alive-on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING -18-67 M.D. · DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) 2So. RECIÓ BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Muarlen DATE



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	R STATE				CERTIFICATE OF DEATH	00485
.2	LTH DEPT.		PLACE OF DEATH Calvert	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: o. STATE Maryland b. COUNTY	Residence before admission) TINCE Georges
y delay			b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 1b	CaxxXXX XexxXX	and give nearest town) 16-2 Hillside
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	ce alang v		SEX 6. COLOR OR RACE 7. MARRI WIDOW	ED DIVORCED	1-26-42 last birthday) Mo	UNDER 1 YEAR IF UNDER 24 HRS.
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266 nis cert		CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	callet		19. WAS AUTOPSY PERFORMED? YES NO
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MIN	3 # F E	MEDICAL	2/36 Hour o.m. 1 27 19 67 of	Thile Not While I factor		(County) (State) Calvert Md.
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Y MED	funeral directar. ay be retained INERAL DIRECTO Ith ar its design		ACTUAL SIGNATURE	Jan	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
TO DEPUTY	recessary, prease execute in the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health ar its designated age	72.	EXAMINER'S NAME (Type) D. BURIAL, CREMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY OR CL	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) REMATORY 23d. LOCATION (City or Town)	(County) (Stote)
10			REMOYAL (Specify) Bureal 1/30/67 I. FUNERAL DIRECTOR	St. Joseph's	Moroanza, S	t Mary Md.
	VR A15ME (5)		W. Clarke Mattingley	Leonardtown	My DATE FEB 1 1967 42	Marley Judge

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00483 00486 CERTIFICATE OF DEATH the funeral ages 1 and 2 softer death. within 24 hours ofter deoth. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE Calvert Maryland Calvert MARYLAND lease remove corbon papers. Pages I and in any event, within 72 hours ofter c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Prince Frederick Owings 2 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) completely filled in d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert County Hospital YES NO TO 3. NAME OF Middle First Lost 4. DATE Dov Year DECEASED Roxie Belle Hi11 19 67 (Type or print) DEATH 19 S SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours WIDOWED X 9-24-90 DIVORCED White female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
retired Cashier -Amusement COUNTRY? t Virginia

14. MOTHER'S MAIDEN NAME Park 13. FATHER'S NAME burial, cremation, or removal, Wesley Sturdivant Hattie Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes give wor or dotes of service)

213-16-9732 17. INFORMANT Address North Beach, Md. Myrtle Brooks unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the director, page 3 should be detached far use os the should be filed with the State Dept. of Heolth prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II af item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) of work 19 ot work 21. I certify that (I) (this haspital) attended the deceased fram Jan. 17, 1967, to Jan. 191967 that (I) (we) last saw the deceased glive on Jan. 19, 1967, and that death accurred at 1254M, fram causes and an the date stated above. 22o. SIGNATUR 22b. DATE SIGNED **ATTENDING** STAFF PHYS. □ Jan. 21.1967 M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Type) George J. Weems. M.D. Owings. Maryland 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) Jan. 23, 1967 Mt. Harmony Chr. Cemetery Owings, Calvert Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967 form Owings, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00484 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY o. STATE b. COUNTY and 3 to ō delay is deoth. MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town e RURAL and give nearest/10wn) after IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS tote Deg hours Item 18. Give Poges 1, ON A FARM? NO YES 24 hours after death. with the Sto within 72 h 3. NAME OF Middle 4. DATE Month Year DECEASED 19/ Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF last-birthdoy) Months Hours WIDOWED DIVORCED event 100. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? _= ony pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within _ AS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO INFORMANT Address removal perm 578-091648 CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY cremation, or ward DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stating the underlying couse 0 OS lost. burial, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO agent, prior ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY DCCURRED. (Enter notuce of injury in Port I or Port H 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF MIURY (Home (County) (Starte or town) factory, sweet office bldg., etc. moy be retained for your FUNERAL DIRECTOR: Poge its designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry deoth resulted from: Natural causes Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22., DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 10 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth o NAME (Type Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURNAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 0 REMOVAL (Specify) 2-4-67 St. Edmonds C.C Sunderland Cal 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) FEB 1967

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00485 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residen a. COUNTY o. STATE b. COUNTY PM3. Page and 3 to 50 death, MARYLAND delay c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN Uf Jutside carparate limits, write RURAL and give nearest tawn) wate RURAL and give nearest town) after d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM? farm haurs ote YES | Give Pages NO with the Sto within 72 F 3. NAME OF Middle First 4. DATE Manth Day Year DECEASED Type or print) 19 DEATH IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 24 HRS Manths Days WIDOWED DIVORCED event yrs. IDo. USUAL OCCUPATION (Give kind of wark dane during most of warking life, eyen if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY _ Home 13 FATHER'S NAME 141 MOTHER'S MAIDEN NAME within pencil _ and WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN be executed 16. SOCIAL SECURITY NO Address (Yes, na, ar unknawn) (If yes give war ar dates af service permit. removol, pending 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (a) should ward cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** certificote stating the underlying cause 05 last. buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? please execute the certificate, NO 0 2Dg. EXTERNAL CAUSE WAS prior 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter fiature of injury in Part I ar Part II of item 18.) PRIMARY ar CONTRIBUTING AL EXAMINER: CAUSE OF DEATH ogent, 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE ØF (Stote) INJURY (Home, farm. Nat While YOUR factory, street, affice, bldg., etc.) FUNERAL DIRECTOR: Poge at work at wark / designoted 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY ō DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) Address (Street, city, tawn, or caunty) 23a. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County (State) 0 ameron emovalo FUNERAL DIRECTOR 25g. REED BY REGISTRAR 256. REGISTRAR'S SIGNATURE Munice VR A15ME (5) 1967 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00486 00489 CERTIFICATE OF DEATH death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Calvert Calvert Marvland MARYLAND burial-transit permit. Then please remove carban papers. Pages 1 burial, crematian, or removal, apertn any event, within 72 hours after requires that the death certificate be executed within 24 hours after in by the Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Rural-Prince Frederick 19 days Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS filled NO T Calvert County NAME OF DATE Lost Doy Year DECEASED Charles David Peck DEATH January 19 67 (Type or print) AGE (In years IF LINDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months Doys Hours DIVORCED 1-21-72 WIDOWED White Male 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY New York State Resturant Owner Resturant 14. MOTHER'S MAIDEN NAME George Peck Marie Johnson 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 219-48-0663Mrs. Marie Peck, Prince Frederick, Md. No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior to 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: After ot work 21. I certify that (1) (this haspital) attended the deceased fram , 1967, that (1) (we) last 1967, and that death accurred at 9.27 M. fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) C. Jett. M. Prince Frederick. Maryland 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230. BURIAL, CREMATION emeter 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR liarles VR A15 (4) 20 M 1/66 1967

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. and 2 death, 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY by the f Pages 1 urs after Calvert Calvert MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
North Beach c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) oon papers. Pag within 72 hours North Beach vears .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled 3rd St.& Louisville Ave. NO X YES completely executed within carbon 3. NAME OF First Middle DATE Month Year DECEASED event, ELSTE MAE PRESNELL 1967 (Type or print) DEATH January 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. emove 7. MARRIED NEVER MARRIED any and Female 18 ,1874 June white WIDOWED X DIVORCED [.= 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY R. R. (retired) pe during most of working life, even if retired) COUNTRY? and Pa. Staunton. Station Agent Indiana USA physic or pie certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova attending r Joseph Carmichael Leah Boor 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) Address Louisville 17. INFORMANT ed by the attend transit permit. 16. SOCIAL SECURITY NO. St. 3rd death Beach Paul Presnell. North Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ial-transit ial, cremat OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed h DUE TO Stulie 7 this certificate has been sig detached for use as the buri e Dept, of Health prior to buri Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F YES [20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Part II of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) e Hour a.m. While Not While ro FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State OR ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from. 19. . to. ... 19_ ____, that (I) (we) last saw the deceased alive on 12-27-19 be, and that death occurred at 30-M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE wellowe ATTENOING PHYS. Jam. 3, 1967 PHYS. M.D. DIRECTOR Page 4 may PHYSICIAN'S 22d. ADDRESS Prince Frederick, Maryland NAME (Type) Issam F. Damalouji BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Jan. 7,1967 Burial Highland Lawn Cemetery Vigo Co. Indiana 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR fom Owings, Maryland VR A15 (4) 15M 4-64

086999 eye affire that a do ther ---Bayon 13, 100 to The a spreadure that have the control of the spreadure that the spread Established the second service and a second service and a second service and a second service and a second service as a second The second secon THE RESERVE THE PROPERTY OF THE PARTY OF THE I may W. Duselouli Prince Freeerick, Maryland steel ville ville to the state of the state MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00488 CERTIFICATE OF DEATH 00491 OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death by the funeral Pages 1 ond 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Calvert Calvert Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Prince Frederick c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give neorest tawn) popers. Pag hin 72 haurs a 10 days Dowell. _= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely filled Calvert County Hospital within NO -3. NAME OF Middle 4. DATE Last Month Year and co. DECEASED OF 67 Benjamin Wallace Purvey 19 (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years hirthdoy) Months Dovs Hours WIDOWED DIVORCED 7-1-10 Negro Male 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) physician c INDUSTRY U.S.A. pup Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Rita Offer Benjamin Purvey IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address burial-transit permit. burial, cremotion, or r (Yes, na, ar unknown) (If yes give wor or dotes af service) 218-11-3496 Beatrice B. Purvey Dowell. Maryland unknown 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse as the hos been Health prior to WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? USe NO X this certificate for 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Doy, Year (City or town) (Caunty) (Stote) Not While Hour o.m. foctory, street, affice bldg., etc.) ot wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram Jan. 1)1 1967, to Jan. 21, 1967, that (1) (we) los Jan. 21 1967, and that death occurred at 2:00pm, from couses and on the date stated above sow the deceased alive on 22g. SIGNATURE 22b. DATE SIGNED \mathbf{x} 1-24-67 M.D. DIRECTOR PHYS. PHYS director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL NAME (Type) Roberto de Villarreal, M.D. St. Leonard. Maryland 23a BURIAL, REMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAE (Specify) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00489 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, if institution; Resident 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY 90 death. MARYLAND delay Deportment b. CITY_OB_TOWN (If autside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) and write RURAL and give negrest town) after d. NAME OF HOSPITAL OR MISTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office along with form hours NO X Item 18. Give Pages ote YES \ 3. NAME OF DECEASED DATE Year Day within 72 (Type of print) DEATH 19 S. SEX -AGE (In years IF UNDER 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS itthdoy) Months Days Haurs hours WIDOWED DIVORCED event puo KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of wark done 10b. BIRTHPLACE (Stotes or fareign, country) 12. CITIZEN OF WHAT INDUSTRY 24 = Examiner's 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME be executed within and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Address rd "pending" in Chief Medical E (Yes, na, ar unkpown) (If yes give war ar dates of service) removal INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (b) buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (o) certificate should e, writing the word forwarded ta the Cl cremation, DUE TO Canditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last. OS burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? the certificate. YES . NO ţ 96 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) ogent, prior 3 should PRIMARY Or CONTRIBUTING should AL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) Nat While may be retained for your FUNERAL DIRECTOR: Poge at wark designated o P 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection [Inquiry and in my opinian the funerol director. Natural causes death resulted fram: Accident Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, tawn, or caunty) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23a. BURIAL, CREMATION 23b. DATE THER OF (County) (State) 0 EMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00493 CERTIFICATE OF DEATH 00490 after deoth eose remove carban popers. Pages 1 and 2 and in ony event, within 12 hours after death filled in by the funeral popers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COLINTY o STATE h COHNTY Calvert Maryland MARYLAND Calvert b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) requires that the death certificate be executed within 24 haurs 12 days Sunderland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Calvert County Hospital YES NO TH Middle 3. NAME OF 4. DATE Day ottending physicion and completely formit. Then please remove carban First Last Year DECEASED DEATH January Marv Robinson (Type ar print) Esther AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) 68 yrs. Months Days Haurs White WIDOWED * 2-6-98 Female DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during mast of warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Housewife

13. FATHER'S NAME Maryland
14. MOTHER'S MAIDEN NAME II.S.A. buriol, cremation, or removol, Charles F. Stevens Margaret Childs 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, na, ar unknown) (If yes give war ar dates of service) 579-40-0138 Anne C. Stertz, Sunderland, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). signed by be retoined by the hospital or attending physician. DUE TO Pisor was 2015 Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause d for use os the af Health prior to O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. Not While 19 at wark at wark pe 21. I certify that (1) (this hospital) attended the deceased fram Jan. 8, 19 67, to Jan. 22, 1967, that (1) (we) last saw the deceased glive an ... Ian ... 22 1967, and that death accurred at 1:10eM, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING lowo DIRECTOR M.D. director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Issam El Damalouji. M.D. Prince Frederick, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify)
Burial Md. Calvert Barstow 1/25/67 Central Cemetery 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR Mianley 1967 Owings, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 0 4 9 4

CERTIFICATE OF DEATH 00491 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY a. COUNTY CALVERT MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS NURSING NO. NO Home NAME OF First Middle 4. DATE Year DECEASED ANNIE V Scrivener January 1967 (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In years 7. MARRIED DATE OF BIRTH NEVER MARRIED last birthday) Months Haurs female white /9/1880 WIDOWED DIVORCED 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast of working life, eyen if retired) COUNTRY? **INDUSTRY** 5 Housaucte 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address YO Kev. (Yes, na, ar unknawn) (If yes give war ar dates af service 17.Ld40 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral arteriosclerosis IMMEDIATE CAUSE (a) DUE TO vears Generalized arteriosclerosis Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Arteriosclerotic Heart Disease with Auricular Fibrillatibms 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH no accident (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) 2Dc. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram 8/ and that death accurred at 0:30h. As causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE ATTENDING DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles Wirth. Lothian. Maryland 20820 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE THEREOF (County) State 23a. MOVALISpecify) FUNERAL DIRECTOR **ADDRESS**

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00495 00492 CERTIFICATE OF DEATH physican and completely filled in by the funeral en please remove carbon papers. Pages 1 and 2 oval, and in any event, within 72 hours after death. The low requires that the death certificate be executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Anne Anihdel b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawn) Edgewater d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Padgetts Nursing Home Rt 2 Box 88B YES \ NO X NAME OF Middle DATE Month Day Year DECEASED Type or print 19 DEATH SEX 6. COLOR OR 7. MARRIED DATE OF BIRTH AGE IF UNDER 24 ARS (In years last birthday) Days Hours WIDOWED DIVORCED Mar.14.1894 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

never warked INDUSTRY COUNTRY? Edgewater Md.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the ottending phy Thomas Walker Amanda Lee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service no A. Earl Stallings - same as #2 above cremotion. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO aftending p stating the underlying cause as the this certificate hos been last. PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for use Poge 4 moy be retoined by the hospitol or YES -NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour a.m While Not While factory, street, office blda., etc.) O FUNERAL DIRECTOR: After at work 21. I certify that (1) (this haspital) attended the deceased fram __, that (I) (we) last 3 should I with the S and that death accurred at 40 pM, from causes and on the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 1/5/67 Zion Cemetery 24. FUNERAL DIRECTOR Beverley E. Hopping 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) JAN 1967 20 M 1/66 Hopping Funeral Home -Annapolis

00495 CONTRACTOR - CONTRACTOR - SEARCH LANGUE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00496 CERTIFICATE OF DEATH 00493 death. filled in by the funeral papers. Pages 1 and 2 thin 72 haurs after death. executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Calvert Calvert Marvland MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town)
Prince Frederick days North Beach IS RESIDENCE ON A FARM? filled in I d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) burial, crematian, ar remaval, and in any event, within 72 Calvert County Hospital Box 1113 YES NO TO Middle 4 DATE 3. NAME OF First lost Year carbon campletely DECEASED 19 67 Lois E11a Summey (Type or print) DEATH IF LINDER 24 HRS 7. MARRIED K B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED birthdov) Months Dovs Hours 8-7-15 white WIDOWED DIVORCED female 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY please physician Office Clerk

13. FATHER'S NAME II.S New York

14. MOTHER'S MAIDEN NAME Drug Store requires that the death certificate Ella Case Ralph Warnes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Roy H. Summey North Beach, Maryland 579-24-5115 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse be detached far use as the State Dept. of Health priar ta TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO x 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20e. PLACE OF INJURY (Home, farm, (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. While Not While 19 ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram Oct. 12, 1966, to Jan. 131967, that (I) (we) last saw the deceased alive on Jan. 13 1967, and that death accurred at 100aM, fram causes ond on the date stated above. director, page 3 shauld shauld be filed with the 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS. Z 1-13-67 DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S Prince Frederick. Maryland NAME (Type) Osman Z. Ersov 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, Burial (Specify) Dunkirk, Calvert Co. Md. Sou. Memorial Gardens Jan.15.1967 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Miarles VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00497 00494 CERTIFICATE OF DEATH death. within 24 haurs after death J. and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funeral PLACE OF DEATH h COUNTY o. STATE a. COUNTY Cal vert MARYLAND Marvland Calvert papers. Pages I in by the Pages b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Lusby Prince Frederick e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) hin 72 filled NO XX YES Calvert County Hospital 4. DATE Month Doy Year NAME OF Middle Lost corbon and in any event, wit completely DECEASED 18 67 19 Turner Alan Claude DEATH (Type ar print) executed IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years DATE OF BIRTH S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED remove last birthdoy) Months Hours 4-16-89 DIVORCED WIDOWED white male ond 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 10b. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done requires that the death certificate be COUNTRY? during most of working life, even if retired)

Retired INDUSTRY physician (Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial-transit permit. Then pl buriol, cremation, or removal, Eloise S. Wilson John Turner offending poermit. The Address 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service Mary Broome Turner Lusby, Maryland INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by Poge 4 may be retoined by the hospitol or attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUF TO for use os the t Health prior tab stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO X 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH State Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20e, PLACE OF INJURY (Home, form, (City or town) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur o.m. Nat While 19 at wark at wark 21. I certify that (1) (this haspital) attended the deceased from. and that death occurred at 10:30aM, from couses and on the date stated abave. director, page 3 should should be filed with the 196 saw the deceosed alive on 22b. DATE SIGNED 1-18-67 22a SIGNATURE ATTENDING DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) (County) (State) 23c. NAME OF CEMETERY OR CREMATOR DATE THEREOF 23g. BURIAL, CREMATION REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Mineles VR A15 (4) 20 M 1/66 DATE

26408 JESUS INI. 20.00 health the salar

FOR STATE

d within 24 haurs after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY MESTAL EXAMINER: This certificate should be executed within 24 haurs after death. If

necessary, please execute the certificate, writing the ward "pending" in pencil in the funeral director. Page 4 shauld be farwarded ta the Chief Medical Examiner'<u>s</u>

necessary, please execute the certificate, writing the ward

Health ar its designated agent, prior ta burial, cremation, or remaval, and TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

Office along with farm PM3. Page Stand 2 with the State Department of pages tand 2 with the State Department of in any event within 72 haurs after death.

DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00495

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1967

				00430
1. PLACE OF DEATH				n: Residence before admission)
a. COUNTY Calvert	MARYLAND	a. STATE Mar	yland b. COUNT	Calvert
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	11	corporate limits, write RURA	
write RURAL and give negrest town) Prince Frederick	- rural 4 woolse			1111
		d. STREET ADDRESS	Beach Road	- Owings 77
d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. SIKEEL ADDKESS		ON A FARM?
Calvert Co. Ho	spital			YES 💌 NO 🗌
3. NAME OF First	Middle	Last 4.	DATE Month	Day Year
OECEASED (Type or print) Julius	s Russell	Ward	OF DEATH 1	21 19 67
		8. DATE OF BIRTH	9. AGE (In yeors	IF UNDER 1 YEAR IF UNDER 24 HRS.
		eb. 15, 1906	lost birthdoy) 60 yrs.	Months Days Hours Min.
male white \(\) Oa. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or f		12. CITIZEN OF WHAT
uring most of working life, even if retired)	INDUSTRY			COUNTRY?
Insurance Agent	Life Insurance	Calvert Co.		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
J. Horace Ward		Margaret No	rfolk	
S WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address	
(Yes, no, or unknown) (If yes give wor or dotes of ser	214-05-0950 Mrs	Duggell We	Chesape	ake Beach Road
		. Kussell wa	owin	gs. Mary Land INT RVAL BETWEEN
18. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE OF	assive pulmonary en	mbolism compli	cating fracti	ure ONSET AND DEATH
	of left tibia.			
Conditions if any which gove				
rise to immediate cause (a),				
stating the underlying cause DUE TO				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONT.	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY
Courte acard	ent in sirie	Jalonn	Chung l	PERFORMED?
200. EXTERNAL CAUSE WAS PRIMARY OF OFATH CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part		+111 in in
PRIMARY ☐ or CONTRIBUTING ☑			Tor form it of hearty is.)	11 60
	fell in sno		V	
20c. TIME OF INJURY Month, Day, Year Hour o.m.		CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
11:30 3536. 12 24 1966	While Not While at work	tory, street, office bldg., etc.)	Chanyville	Calvert Md.
21. I certify that I took charge at		old an Autansy K	nspectian , Inquir	ry , and in my opinio
death resulted from: Natural co				/
death resolted from: Natural Co	Juses [, Accident X], Suic		, Undetermined ma	nner 🔛
ACTUAL //// A	C + C-	CHIEF MEDICAL EXA	MINER	OO DATE CLONED
SIGNATURE We Men -	CN	M.D. ASSISTANT MEDICAL	EXAMINER 🔀	22. DATE SIGNED
EXAMINER'S Werner U. Sp	it M. D.	DEPUTY MEDICAL EX	AMINER	1/22/67
NAME (Type)	Top, II.D.	Address (Street, city	y, town, or county)	1,, 0,
3a. BURIAL, CREMATION, 236. DATE THEREO	F 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	n) (County) (State)
REMOVAL (Specify)	1961 Huntingtown			
Burial Superior	ADDRESS	2Sa. REC'D BY	Huntingtown	Calvert Md.
24. FUNERAL DIRECTOR	1 //			Miarles Judge
Hurhans Tuneral	Home Owings. N	arylan PATE A	N 2.5 1967	The Some

VR A15ME (5) 6M 1/66

5 may be retained far your files.

7 1 1 A many a time-appealor tends front withing Feb. Ed. 1908 Instruction and the language Calvert Co., Mary land T. Ung. January Daniel . V the contract out and Chemical Season load the description of the constant of the land of the lan

MARYLAND STATE DEPARTMENT OF HEALTH

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